Additionally, only 51% agreed that they felt able to refer a patient with diabetes to the most appropriate diabetes service based on type of diabetes and medication prescribed. This high-lights an important issue, as cohesive shared-care and clear referral pathways are key when considering effective diabetes management. **Conclusion.** Psychiatric inpatient admission could be used opportunistically to improve the healthcare disparities for people with comorbid diabetes and SMI. This national survey highlights key areas that would need to be addressed to standardise and optimise diabetes care in this setting. This includes appropriate training, clear guidelines and cohesive shared-care pathways.

The Effectiveness of Mindfulness-Based Interventions for Anxiety Disorders in Adults: A Systematic Narrative Review

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Aims. In recent years there has been accelerated clinical interest in Mindfulness based interventions (MBI's) leading to an upswell in research due the impact of its wide clinical application. Mindfulness Based Cognitive Therapy (MBCT) and Acceptance and Commitment Therapy (ACT) have recently been investigated for the beneficial treatment of anxiety-based disorders in adults. The aim of the current review was to appraise and synthesise findings of studies published within the last decade, in determining the efficacy of MBCT and ACT in treating anxiety disorders in adults, given gaps identified in the existing literature.

Methods. Scoping searches were conducted using MEDLINE, PsycINFO, Emcare, and Cochrane databases. The Synthesis Without Meta-analysis protocol (SWiM) was adopted for this review, in evaluating the efficacy of MBCT and ACT for anxiety disorders in adults. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Standards.

Results. The results of this review suggest that MBCT and ACT are effective therapeutic modalities in improving anxiety in adult populations. The results are, however, tentative. Whilst both MBI's show promise in the treatment of anxiety disorders, with the paucity of existing systematic reviews and methodological flaws within overall primary study design, the results should be interpreted with caution.

Conclusion. The overall therapeutic effectiveness of MBI's has been assessed and the general data support its efficacy. However, a judicious approach is required as results continue to remain inconclusive grounded in the totality of the evidence.

The current review revealed the ongoing methodological concerns encountered in determining the comparative effectiveness of MBCT and ACT for anxiety disorders in adults. Due to the current limited number of comparative studies of mindfulness *based* with mindfulness *informed* interventions, it could be suggested that a lack of systematic research is slowly influencing a collective understanding of MBI's being a homogenous group of treatments. The lack of delineation can have an impact on research, clinical practice and policy making. Further high quality research is required to continue to bridge the science practice gap. Without depth of understandings associated with the mechanisms of change and the impact that contextual aspects have on the outcome effectiveness, there are significant implications for practice and patient care. It is of importance that the adaptation and



subsequent developments in clinical practice do not outpace the research base to fully understand the mechanisms that make each MBI effective, for which population and diagnoses.

A Narrative Review of Defensive Medical Practice in Psychiatry

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Aims. Defensive medical practice has become an increasingly global phenomenon and encompasses all medical specialties. In the UK it was defined in the case of *Sidaway v Board of Governors of the Bethlem Royal Hospital* [1985] UKHL 1 (21 February 1985) as "the practice of doctors advising and undertaking the treatment which they think is legally safe even though they may believe that it is not the best for their patient". This narrative review surveys the literature to establish the forms in which defensive practice may manifest itself within psychiatry.

Methods. In this narrative review, various terms pertaining to defensive medical practice in psychiatry were searched in both medical and legal databases.

Results. Though the literature in psychiatry compared to other medical specialties is more limited, some common themes occur across all jurisdictions surveyed. Defensive psychiatric practice included admitting the patient even though they may be managed within the community (as reported by 21% of psychiatrists surveyed in the North of England) and employing more coercive practice, either using the mental health legislation or implied or actual threats. Once hospitalised, defensive practice manifests itself by placing patients on higher levels of nursing observations than necessary.

Across inpatient and outpatient settings between one and two thirds of psychiatrists reported altering the way they document to attend to medicolegal considerations. Prescribing habits were also altered due to fears of litigation; an Israeli study found that almost half of psychiatrists surveyed reported they prescribed smaller doses of medication than what they felt was required to pregnant woman and ninety percent reported the same when it came to the treatment of elderly patients.

When looked at by seniority it was felt that junior doctors were more prone to admitting patients defensively than consultants. In this respect, psychiatry differs from most other medical specialties as, in general, the evidence suggests that increased seniority is more likely to lead to admission.

Conclusion. Defensive practice in psychiatry appears to be widespread and takes a number of different forms. However, the research in psychiatry is limited and does not explore key areas common to other medical specialties such as clinician avoidance of certain cases or increased use of diagnostic tests. Furthermore, there is little examination of how psychiatrists may utilise mental health legislation within their defensive practice.

Breast Feeding Experiences of NHS Staff Returning to Work From Maternity Leave: A National Study

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Aims. Anecdotally, NHS staff feel unsupported in breastfeeding when returning to work from maternity leave. The NHS provides clear guidance to employers about provisions required for breastfeeding employees (clean lockable room, adequate time, clean fridge). We aimed to establish if these provisions were provided for NHS staff, and to further explore the difficulties reported.

Methods. We conducted a pilot study of NHS doctors, exploring their experiences of feeding on returning to work. The results highlighted difficulties for many of the 519 cases. We extended the study to encapsulate the experiences of all NHS professionals.

The survey was distributed via various professional social media accounts.

Results. We received 1201 responses.

- 79% of women were breastfeeding when they returned to work. 59% wished to continue on return.
- 78% of women were unaware of the local breastfeeding policy. Of those that were, only 7% were informed of the policy by their employer.
- 90% of women were unaware that they needed to inform their employer of their intention to breastfeed.
- Only 6% of women had a breastfeeding risk assessment on their return to work.
- Basic requirements were not consistently met (50% did not have access to a lockable room, 51% to a fridge, 69% to adequate time).
- 55% were interrupted whilst expressing.
- 23% of women expressed in changing rooms; 32% in toilets; 25% in their cars; 15% in cupboards.
- 88% of women did not have their duties adapted. 91% regularly held the bleep whilst expressing.
- 52% of women reported embarrassment and humiliation at work. 60% reported stress directly due to their difficulties expressing, with a further 15% experiencing mental health problems. 10% of women felt their experiences negatively affected their bond with their child.

Conclusion. Only 1% of UK mothers continue to breastfeed at six months. There is a huge NHS drive to improve this statistic. 76.7% of NHS staff are women. These women are also NHS patients. NHS breastfeeding guidelines are not being consistently followed within the organisation. There is a direct impact on mother and child, and on patient care.

We must support our NHS family, create a positive breastfeeding culture, and lead UK change.

"I was ridiculed... it set me apart from my colleagues."

"Resigning was my only option."

"Subject to eye rolls and whispers... rude, unsupported and unkind." "He unlocked the door and walked in while I shouted "stop"."

What Does Current Literature Tell Us About the Mental Health of Looked After Children?

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Aims. Looked after children (LAC) are one of the most vulnerable groups in our society. Often, after experiences of neglect and abuse, they are more likely to experience poor mental health, attachment difficulties and problems in educational progress. This review aims to explore literature published over the past decade which addresses the mental health needs and management of LAC within CAMHS in the UK.

Methods. A literature review was performed in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2009 structure. Selection criteria was used. The total number of papers identified after this initial search was thirty-six across the database.

Literature titles and abstracts were then screened to exclude papers with an irrelevant focus. Full-texts of the remaining twenty-two papers were then assessed for relevant and conclusive information. The total number of full papers included in the research was thirteen.

To analyse the literature identified, a framework of three themes has been highlighted. These include:

- the mental health needs of LAC,
- factors relevant to the assessment of LAC in mental health services
- considerations associated with the management of LAC with mental health conditions.

Results. Mental health needs of LAC included numerous emotional, behavioural and social problems. These were largely focused around substance misuse, emotional disorders and poor relationships with peers.

The main themes which have come out of research in relation to the treatment of LAC include:

- the importance of supporting healthy social relationships with primary care-givers, peers and teachers
- maximising the informal support of family, friends and pets
- the provision of early, holistic and flexible mental health services, rather than disjointed agencies

Conclusion. The literature published over the past decade has indicated the great number of adverse outcomes amongst LAC and has made useful suggestions for the assessment and treatment of these children within a CAMHS setting.

Through targeted support into residential placements, offering intensive and direct psychological input at an early stage and continuing even after they have been adopted, as well as, working alongside schools to promote peer interaction could significantly reduce the adverse outcomes of LAC.

Additionally, by referring patients along with their carers for psycho-education can be extremely beneficial. Alongside this, the young people ought to be directed to support groups with other LAC to meet peers who are in similar situations as themselves.

Psychiatric Morbidity Among the Patients of First Ever Ischaemic Stroke

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Aims. To evaluate psychiatric morbidity among the patients of first ever ischemic stroke

Methods. This sectional comparative study was carried out in the Department of Psychiatry, Sylhet MAG Osmani Medical College Hospital, Sylhet during the period from 1st July 2013 to 30th June 2014. Sixty six ischaemic stroke patients of first attack between 2 weeks to 2 years of stroke, aged above 18 years irrespective of sex and 66 accompanying healthy person of the patients and other patients without any kind of stroke matching age and sex fulfilling inclusion and exclusion criteria were taken in Group-A and Group-B respectively. Diagnosis of ischaemic stroke was made in these patients by the consultant neurologists reviewing the history, clinical examination and accompanying investigations